

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO.			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS		<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		6/10/14		SAT		TIME: MILITARY	
CRASH OCCURRED ON		Countryside		YMCA		WITHIN THE INTERSECTION OF		Deerfield Rd					
IF NOT IN INTERSECTION		N		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE		8321					
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT	
1		1		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Geico	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
Finnessy, Theodore		140 Summerfield LN		Lebanon									
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	
513-933-9173		6/18/61		53		M				OH		RN104935	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS										PHONE	
Same													
VEH YR	MAKE	MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE	
13	Honda	45		Tan		45		OH		FZN4197			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE		FROM TO	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO. OR AGENT	
2		0		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO.		BIRTH DATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.	
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS										PHONE	
Maddox, David		6752 Sand Harbor Ct.		Maineville		OH		937-304-4348					
VEH YR	MAKE	MODEL		COLOR		STYLE		STATE		LICENSE PLATE NO.		TOWING SERVICE	
2014	Cadi	45		Grey		45		OH		FBV6288			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE		FROM TO	
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		POSITION		INJURIES			
A B C		INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		ALCOHOL			
D E F		INJURED TAKEN TO		By		A B C D E F		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		A <input type="checkbox"/> YES 1 <input type="checkbox"/> NO TESTED		B <input type="checkbox"/> YES <input type="checkbox"/> NO TESTED	
A <input type="checkbox"/> ORC CITY ORD		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		EJECTION		A B C D E F		A TESTED 1 <input type="checkbox"/> YES <input type="checkbox"/> NO		B TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
O <input type="checkbox"/> ORC CITY ORD		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A TESTED 1 <input type="checkbox"/> YES <input type="checkbox"/> NO		B TESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES			
1251		1252		1259		1305		10		00off			
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY		I NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		I NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
10/10/14		YES <input checked="" type="checkbox"/> NO		Morris		131							